

Louisiana Department of Health and Hospitals

Bayou Health Informational Bulletin 13-2

October 28, 2014

Issue: Prepaid Bayou Health Plan Provider Claims Disputes and Resolution

(The process for Shared Savings Health Plans will be addressed in Informational Bulletin 13-3.)

The Prepaid Bayou Health Plan requirements for claims dispute management are located in Section 17.5.2 of Exhibit E of the contract. Each Bayou Health Plan is required to develop an internal claims dispute process for those claims or group of claims that have been denied or underpaid. Providers should primarily refer to the Health Plan's provider website for details on this process at the following web addresses:

Amerigroup: <https://providers.amerigroup.com/pages/la.aspx>

AmeriHealth Caritas on Louisiana:

<http://www.amerihealthcaritasla.com/provider/resources/grievances/index.aspx>

Louisiana Healthcare Connections: <http://www.louisianahealthconnect.com/for-providers/>


This bulletin provides a reference guide to the current processes for claims disputes for each of the three Prepaid Health Plans: Amerigroup, AmeriHealth Caritas Louisiana and Louisiana Healthcare Connections.

The Prepaid Claims Dispute Process allows providers to request a review of the denied claim(s) by the Health Plan. All Prepaid Plans have a first and second level request for review. Providers do not have the right to a State Fair Hearing for claims issues. However, if the provider is not satisfied with the decision and/or resolution through the Health Plan's internal process, the provider has the option to request, through the Health Plan, arbitration by a private, independent arbitrator who is certified by a nationally recognized association that provides training and certification in alternative dispute resolution. Arbitration conducted pursuant to claims dispute is binding on all parties. The arbitrator shall conduct a hearing and issue a final ruling within ninety (90) days of being selected, unless the Health Plan and the provider mutually agree to extend this deadline. All costs of arbitration, not including attorney's fees, shall be shared equally by the parties.

In addition, the Health Plan shall systematically capture the status and resolution of all claims disputes, as well as all associated documentation. Bayou Health Plans are required to submit a monthly report of all provider complaints, including claims disputes and appeals of medical necessity decisions to Bayou Health including the issue and the resolution. These reports will be closely monitored by Bayou Health for trends and matters that may require corrective action by the Health Plan.

Each Prepaid Health Plan has provided a synopsis of their established processes for addressing and escalating provider claims disputes. Bayou Health strongly recommends that providers document the name of the Plan representative(s) with whom they speak or communicate via email along with the time and date; and provide that information as issues are escalated.

When emailing personal health information (PHI) to the Health Plan or Bayou Health, providers must use secure email as described in Section 16.7.3 of the Prepaid Health Plan contract.

Ctrl+Click logo to reach each Plans' provider website			
Inquiries Regarding Denied Claims	1-800-454-3730	1-888-922-0007	1-866-595-8133
FIRST LEVEL REVIEW			
Time Requirements	Request for reconsideration review must be received within 90 calendar days of the Explanation of Payment (EOP) paid date or recoupment date A determination will be made within 30 days of receipt.	Request for reconsideration review must be received within 90 calendar days of the original denial. A determination will be made within 30 days of receipt.	Request for reconsideration review must be received within 90 calendar days from the date of notification of payment or denial. A determination will be made within 30 days of receipt.
Format Required	Request must be submitted in writing using the dispute form located on the Health Plan's provider portal .	Request must be submitted in writing. See Health Plan's website under "Claims Dispute Documentation" for instructions.	Request must be submitted in writing using the dispute form located on the Health Plan's provider website.
Address for Submission	Amerigroup Payment Disputes P.O. Box 61599 Virginia Beach, VA 23466-1599	Attn: 1st Level Provider Dispute AmeriHealth Caritas Louisiana P.O. Box 7323 London, KY 40742	Attn: Reconsideration Louisiana Healthcare Connections P.O. Box 4040 Farmington, MO 63640-3826
SECOND LEVEL REVIEW	Always Include first level review documentation with request for second level review.		
Time Requirements	Must be received within 30 calendar days from the date of notification of the first level decision/resolution. A decision will be made within 30 days of receipt.	Must be received within 30 calendar days of the date on the determination letter from your original request for reconsideration. The resolution will be decided within 30 days of receipt.	Must be received within 90 calendar days of the date on the determination letter from original request for reconsideration. The resolution will be decided within 30 days of receipt.
Format Required	Dispute must be submitted in writing by using the claims dispute form located on the Health Plan's provider website.	Dispute must be submitted in writing using the claims dispute form located on Health Plan's website.	Dispute must be submitted in writing using the claims dispute form located on the Health Plan's website.
Address for Submission	Payment Dispute Unit Amerigroup Louisiana P.O. Box 61599 Virginia Beach, VA 23466-1599	Attention: 2nd Level Provider Dispute AmeriHealth Caritas Louisiana PO Box 7323 London, KY 40742	Louisiana Healthcare Connections Attn: Claim Dispute P.O. Box 3000 Farmington, MO 63640-3800
ARBITRATION PROCESS			
Time Requirements	30 calendar days from the date of the second level determination decision/resolution	30 calendar days from the date of the second level dispute determination	Within 15 business days of date of disposition of the second level disputed claim response
Format Required	Request must be submitted in writing. Include decisions from first and second level review.	Request must be submitted in writing. Include decisions from first and second level review.	Request must be submitted in writing using the claim dispute form located on the Health Plan's website. Include decisions from first and second level review.
Address for Submission	Amerigroup Louisiana, Inc. 3850 N. Causeway Blvd. Suite 600 New Orleans, LA 70002	Request for Arbitration c/o Legal Affairs Department 200 Stevens Drive Philadelphia, PA 19113	Attn: President Louisiana Healthcare Connections 7700 Forsyth Blvd. St. Louis, MO 63105